

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MT	600-548	1-6-2000
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>ST</i>	001 40	1-18-00
RESPONSE FORMALITY REVIEW		001 35	1/27/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	09	02	8 2
2	12	24	20 6
3	02	02	03 04
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	↓
9	✓	✓	✓
10	✓	✓	
11	✓	✓	
12	✓	✓	↑
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	↓
19	✓	✓	✓
20	✓	✓	
21	✓	✓	✓
22	✓	✓	↑
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	↓
29	✓	✓	✓
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
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41			✓
42			✓
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If more than 150 claims or 10 actions
staple additional sheet here

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